

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/560819

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3		2				
4		3				
5		0				
6		0				
7		0				
8		0				
9		0				
10		0				
11		0				
12		0				
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50						
TOTAL IND.			↓	↓	↓	
TOTAL DEP.	←	11	←	←		
TOTAL CLAIMS		12				

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			↓	↓	↓	
TOTAL DEP.	←	11	←	←	←	
TOTAL CLAIMS		12				